DIAGNOSTIC IMPORTANCE OF SYMPTOMS.

BY

JOHN C. HUPP, M. D.,

OF WHEELING, W. VA.

Reprint from Transactions of the
Medical Society of the State of West Va.
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Compliments of the Author.

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Diagnostic Importance of Symptoms.

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All elementary medical studies and instructions are wasted unless they lead to something practical. The study of symptoms is a very broad one in its application to practical medical life; and no course of medical study or instruction can be satisfactory that does not embrace their scientific and practical features as a basis.

Symptoms are the signals by which we learn that disease is present, the evidence upon which the whole art of medicine proceeds. Hence, the importance of their accurate interpretation. And hence, the cultivation of the study of symptoms not only assists the judgment concerning the seat and nature of disease in any given case, but, also, concerning its course, termination and treatment. The primary matter for consideration and determination when called to a patient is to attempt to ascertain satisfactorily the nature and seat of his disease. This oftentimes is attended with great difficulty and occasionally the disease eludes recognition. It has been well said that Nature does not limit herself in her irregularities any more than in her rules. The detection of disease is the close observation of symptoms and of correct deduction from these manifestations. Ability to recognize morbid signs is the first requirement for an accurate diagnosis. In determining the nature and seat of disease, the main difficulties are to know where to look and what to look for. Experience, observation and an intelligent study and interpretation of symptoms are essential aids in determining the diagnosis and also the prognosis and treatment of any disease. But it is oftentimes much easier to give than to follow the advice: "*Start right, proceed right, go on.*"

Neither students nor practitioners of medicine always clearly diagnose or recognize disease. Doubtless, the most experienced are sometimes obliged to prescribe for a malady, although in great uncertainty, perhaps in total ignorance respecting its nature and situation. Obviously the treatment and course to be pursued in any given case should always be based upon a careful, systematic and well digested personal examination.

When brought to the bedside of a patient for the first time we cannot approximate an accurate opinion of the case until its history and prominent symptoms have been learned. It is true that the pulse, the appearance of the countenance and tongue, and the state of the skin, &c., &c., each separately, or grouped together, may serve to enlighten us as to the

diseased action of various organs, and enable us to see some of those peculiarities of disease which are so pregnant with meaning.

That general condition expressed by the term collapse brings before the observer a train of symptoms which once seen, their character and significance will always, thereafter, be promptly recognized. But, in any given case, what is the proximate cause of the collapse, is the great desideratum.

The therapeutical management of any case of collapse, whether it be induced by colliquative dejections as in cholera; by hemorrhage, or otherwise, may not, in the main, materially differ; but that a discrimination of the diseases from each other possesses an importance second only to their treatment and is, indeed, prerequisite thereto. must be apparent.

A patient may have agonizing abdominal pain with or without vomiting. What causes the pain? Is it occasioned by ingesta; by impacted faeces; by strangulated hernia, or some other cause? Before the initiative treatment is instituted, discrimination between these diseases is very essential. I have seen cases of as intense, as intolerable abdominal pain, occasioned by imprudence in eating, or by imperfect mastication of otherwise wholesome food, and which caused as great anxiety and alarm to the patient and bystanders, as could be produced by any other cause.

About two hours after he had partaken of his dinner, I was summoned to A. C——n, of East Wheeling, a robust man, a carpenter by occupation, who, the messenger alleged, had "*the cramps.*" His cries of distress had brought the whole household into his room, where a moral whirlwind was raging. His abdominal pain was persistent, intolerable; he moaned, groaned, rolled, tumbled, and, filled with alarm, was anxiously appealing for relief. His countenance was pale, anxious; features pinched; surface cool, clammy. Prompt relief was imperatively called for, to avert, as we conceived, impending convulsions. Patient alleged that he had partaken, in moderate quantity, of "simple and wholesome food for his dinner." Believing differently, I administered a *heaped* tablespoonful of pulverized mustard-seed suspended in a pint of cool water. In less than five minutes the wash-basin, in front of patient, was more than half filled with squares and segments of *sad, unmasticated* "*chicken pot-pie*"—the contents of his stomach! Patient, with apparent satisfaction, having inspected the mass of heavy, tough, elastic, undigested and indigestible emitted ingesta, turned from it expressing himself completely relieved.

Under these circumstances patients will insist that they have eaten nothing but the blandest and wholesomest food, until an *emetic* has brought to the astonished view the offending ingesta.

Several years ago I was summoned to a child of Mr. W——de, on

Clay street, comatose and dying, which condition followed convulsions, occasioned by eating liberally, of uncooked dried apples.

On Christmas occasion, 1875, Mr. C. H. D.'s son, aged about seven years, while spending the holiday with children of a relative on Wheeling Island, was found lying unconscious on the sward, near the yard fence. It was inferred by some who were present, when the boy was first discovered in this predicament, that "he had fallen from the fence and broken his back." Accordingly, to a case of that unfortunate character of injury, I was summoned. I found there a doctor, who happened to be at the house on that occasion, and the alarmed, distressed, and anxious relatives assiduously employed in administering to, as they supposed, the fatally injured boy. He was lying upon the floor, midway between open doors, with liberal applications of cool water, by wet cloths, to his head. The contortion of the muscles of the face; the purple hue of the lips and countenance; the characteristic *hiss* which blew froth out between the clenched teeth; the clenched fists; the rigid limbs; the jerk; all these symptoms in contravention of the already expressed opinion, forced upon me the recognition of convulsions, *not*, however, the result of a "*broken back*," but produced, as I conceived, by the variety, quantity and quality of the articles eaten by the boy on that Christmas occasion. The efficient action of an emetic verified the correctness of my diagnosis, and brought the boy immediate relief. Nevertheless, the newspapers of the following morning heralded the terrible accident, to *this* boy, "who falls from a fence and breaks his back!"

Mrs. Joseph D——n, of Ritchietown, while doing a large washing, became pained in her right groin, which she attributed to an enlarged and tender "*waxen kernel*." Cause of the enlargement was, as she alleged, exposure to cold and wet, incident to the day's work. She complained of a sick stomach and had vomited. The tumor was about the size of a small cherry. It was a knuckle of the bowel, escaped beneath and pressed upward and backward over Poupart's ligament, which I failed to reduce. Dr. Bates came and likewise failed. Dr. Frissell rendered assistance and was also unsuccessful, both before and after the patient was chloroformed. The ordinary operation for strangulated femoral hernia was successfully performed by Dr. Frissell. Patient recovered.

Very early in my medical studies I was taught by my preceptor, Dr. F. Julius LeMoyne, that a fatal result must, with great certainty, follow any neglected case of strangulated hernia.

December 1, 1844, I had the honor to accompany Drs. LeMoyne and Stevens, then the leading surgeons in Washington, Pa., to operate on Mrs. ——, for strangulated umbilical hernia. This case of hernia had been of long standing, and, ordinarily, reducible. A cold, accompanied

with frequent and protracted spells of coughing rendered it impossible, on this occasion, for Mrs. —— to keep her hernia reduced, which, promptly, became strangulated. Having always, previously, been able to effect reduction without assistance, she, on this occasion, delayed to call for surgical aid, until sphacelation of the constricted bowel had occurred. The operation, however, was promptly and neatly performed by Dr. LeMoyne. Stercoraceous vomiting and death followed on the same day. One of the most important surgical lessons of my life, taught me on that solemn occasion, has, doubtless, been the principal cause why I have never had, in my practice, a fatal case of strangulated hernia.

Mr. Wm. North's son, aged about 22 years, living on the waters of Short Creek, Ohio county, while in the loft kicking hay into the rack, experienced an "uneasy sensation in his left groin." Examining, he discovered "*a lump*" at the point of uneasiness, which interfered with locomotion, and, consequently, with the duties of his avocation, that of a farmer. The physicians of his neighborhood, undecided as to the true character of the malady, or tumor, advised Mr. North to bring his son to Wheeling, which, accordingly, he did. Patient came under my observation, April 23, 1878. Several days had elapsed since the tumor made its appearance. The appetite was not impaired, nor was there any interference with the alvine discharges. The gait was slow and measured, with the trunk inclining forward, and to the left, slightly. The face was pale and countenance somewhat anxious, indicative of the alleged persistent uneasiness. A tender, doughy tumor, about the size of a small almond, was found low down in the left groin, *apparently*, immediately *above* Poupart's ligament. Semi-flexing the lower extremities upon the trunk, and placing the ends of the fingers upon the origin of Poupart's ligament, I succeeded, with difficulty, on account of the tenderness of the parts, in tracing the ligament, *above the tumor*, to its insertion. I concluded that the case was one of irreducible femoral hernia, omental in character, in which opinion I was corroborated by Dr. Frissell. At eleven o'clock, A. M., on the following day, patient was chloroformed, and, ably assisted by Drs. John Frissell and E. A. Hildreth, of Wheeling, and Thomas McKennan, of Washington, Pa., the hernia, after protracted efforts, was, at length, completely and satisfactorily reduced by taxis.

More recently, I was called to Mr. Meyer Heyman's child, on Chapline street, in convulsions, which promptly subsided after the use of the ordinary remedies. I learned that previously the child had been "*brashy*"—had, had, frequently, "*spells*" of diarrhœa, attributed to dentition. Although the child was strictly dieted, it continued to be subject, from time to time, to attacks of diarrhœa. The diarrhœa usually, however, subsided spontaneously, otherwise, promptly yielded to a few

doses of the sub-nitrate of bismuth. Subsequently—the child being about four years old—I was re-called on account of the discovery of "*something unusual*" in the child's dejections. On inspection, I detected segments—unmistakable evidence—of tape worm, (tænia solium)! At bed-time a brisk cathartic was given. Two ounces of pumpkin-seed (pepo. semin.), pounded to a pulp and well-rubbed up with one drachm of fluid extract of male fern (*Fl. ext. filicis ether.*) were given the next forenoon on an *empty stomach*, and about two hours thereafter, the following given at one dose:

R. Granati Radicis,	dr. ii.
Peponis Seminum,	oz. ss.
Extract. Filicis Ether.,	f. dr. ss.
Pulv. Ergotæ,	dr. ss.
Pulv. Acaciae,	dr. i.
Olei Tiglii,	gtt. i.
Misce.	

The pomegranate bark and pumpkin-seed were thoroughly bruised, and with the ergot, boiled in four ounces of water for fifteen minutes, then strained through a coarse cloth. The croton oil was first well-rubbed up with the acaciæ and extract of male fern, and then formed into an emulsion with the decoction, as directed in *Napheys' Therapeutics.*

This dose produced two or three feculent passages in less than two hours after it was administered. Immediately after that the injection of a large quantity of warm water into the colon, as advised by Prof. Mosler, of Germany, at once brought away the mischievous tenant—this unbroken portion measured sixteen feet!

A patient may be struggling in violent convulsions, What causes them? Are they occasioned by peripheral irritation? Are they connected with lesions affecting the cerebro-spinal system? Are they hysterical, epileptiform, idiopathic, uraemic?

Recently, called in consultation, I saw a boy, in his teens, who had been sick nearly three weeks, and who, within the twelve hours then last past, had been having repeated convulsions. After a careful examination I arrived, by pure exclusion, at the opinion that the convulsions were uræmic, which opinion an examination of the urine verified. Previously the kidney complications had escaped attention.

Similar problems may offer, for solution, in the investigation of any given case. Again you see that peculiar pallid or dingy hue of the patient's skin; the leucophlegmatic and even waxy aspect which stamps the victims of blood impoverishing diseases. These evidences, with others in the background to be sought out, sifted and weighed with discrimination, may serve as guides to lead us out of the Serbonian bogs of abstruse hypothesis and dogmatic error to the *terra firma* of truth—to the

real nature and seat of the disease. How extended and how varied, therefore, must be that knowledge necessary to work out a conclusion regarding the character and seat of a malady? And then, the disease having been satisfactorily located, it is essential to know whether the disease thus located is a primary affection or one secondary to and incidental to the subjects of some other malady. Oftentimes a secondary affection serves to arouse and direct attention to the primary disease upon which it depends. It is well known that dropsy is an incidental symptom or secondary consequence of a series of maladies. Nausea, vomiting, flatulent distention, diarrhœa are frequent companions of certain maladies. Head-ache, drowsiness, delirium, epileptic seizures, apoplexy, are secondary complications of diseased action of various organs.

The circumstances under which this category of symptoms—these manifold secondary affections arise, all of which are common enough in various complaints, lead into new and partially, perhaps totally, unexplored territory, where every step encounters unexpected intricacies and perplexities.

The respiratory apparatus; the circulatory and nervous systems; the blood; the functions of organs and their secretions, loom up for investigation and inquiry in making deductions and discrimination in any given case. Then the various diseases capable of producing all, or even some, of the striking symptoms observed are to be enumerated. And then, perhaps, the real mischief, if brought to light at all, can only be done by the process of pure exclusion. When we look at the sciences merely of etiology, semeiology and general pathology, we are surprised at their great magnitude and the vast fields of learning which they open.

To understand the causes of disease; to comprehend and properly interpret the symptoms of disease, and to know disease pathologically—what an interminable empire!

To pronounce on the seat of a malady an accurate knowledge of anatomy is essential. To appreciate the aberration of functions a knowledge of physiology is indispensable. Indeed, there is no end to the extent of knowledge that may be brought to bear in working out deductions as to the nature and location of disease.

"Every fresh acquirement tends to enlarge our powers of insight. Just as in nature, the higher we ascend, the more fully lies the view before us."

Verily, the words of the Roman poet are as true to-day as when uttered hundreds of years ago:

"*Felix, qui potuit rerum cognoscere causas.*"

NORTHWEST COR. FOURTEENTH AND EOFF STREETS.